

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/018515

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
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TOTAL IND.	3		3			
TOTAL DEP.	1		3			
TOTAL CLAIMS	4		6			

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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